

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Pharmacists
All Prescribers
Nursing Home Administrators
Managed Care Organizations

Memorandum No: 06-87

Issued: October 31, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

**For information, contact Provider
Relations at:** 800.562.3022 or

<http://maa.dshs.wa.gov/contact/prucontact.asp>

or visit the pharmacy web site at:

<http://maa.dshs.wa.gov/pharmacy>

Subject: Prescription Drug Program: Limitations on Certain Drugs and Prior Authorization Changes

Effective for claims with dates of service on and after December 1, 2006, HRSA will implement the following changes to the Prescription Drug Program:

- Additions to the List of Limitations on Certain Drugs; and
- List the drugs no longer requiring Prior Authorization

Additions to the Limitations on Certain Drugs

Drug	Dosing Limitations
Zelapar 1.25mg ODT tablet (<i>selegiline HCl</i>)	2.5mg a day
Diastat Acudial kit (<i>diazepam</i>)	5 kits per month

**To view HRSA's current list of Limitations on Certain Drugs,
go to:**

<http://maa.dshs.wa.gov/pharmacy/DrugAuth.htm>

Drugs No Longer Requiring Prior Authorization

Drug
Xenaderm ointment (<i>trypsin/balsam peru/castor oil</i>)
Zelapar 1.25mg ODT tablet (<i>selegiline HCL</i>)

Miscellaneous Update

HRSA added billing information for Family Planning Only and TAKE CHARGE providers to page K.12 in the *Point-of-Sale* section of the *Prescription Drug Program Billing Instructions*. This information was added to page J.12 by Numbered Memorandum 05-05 MAA; however, it was inadvertently left off of page K.12 attached to that memo. The information is included in the page K.12 attached to this memo.

How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** www.prt.wa.gov (Orders filled daily.)
 - a) Click ***General Store***.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either ***I'm New*** or ***Been Here***.
 - ii. If new, fill out the registration and click ***Register***.
 - iii. If returning, type your email and password and then click ***Login***.
 - c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Health and Recovery Services Administration***.
 - d) Click ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction***. For numbered memoranda, select a year and then select the item by memo number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/ telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)

**NCPDP Payer Sheet for Washington Medicaid
Version 5.1**

Field	Field Name	Status	Picture	Values
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Transaction Header Segment				
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101-A1	Bin Number	M	9(6)	610084
102-A2	Version/Release Number	M	X(2)	51
103-A3	Transaction Code	M	X(2)	B1 = Billing B2 = Reversal B3 = Rebill
104-A4	Processor Control Number	M	A(10)	DRWAPROD for Production DRWAACCP for Test
109-A9	Transaction Count	M	X(1)	1 = One occurrence 2 = Two occurrences 3 = Three occurrences 4 = Four occurrences
202-B2	Service Provider ID Qualifier	M	X(2)	07 = NCPDP (NABP) ID
201-B1	Service Provider ID	M	X(15)	NCPDP (NABP) Provider ID
401-D1	Date of Service	M	9(8)	CCYYMMDD
110-AK	Software Vendor/Certification ID	M	X(10)	Populate with Cert Number provided by Switch Vendor, otherwise enter zeroes

Insurance Segment				
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111-AM	Segment Identification	M	X(2)	04 = Insurance
302-C2	Cardholder ID	M	X(20)	Enter client's 14-character Medicaid Patient ID Code (PIC)
309-C9	Eligibility Clarification Code	RW	9(1)	Enter '2' to indicate a claim where baby is using parent's PIC
301-C1	Group ID	R	X(15)	2507850
306-C6	Patient Relationship Code	R	X(1)	Enter '1'

Claim Segment				
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111-AM	Segment Identification	M	X(2)	07 = Claim
455-EM	Prescription/Service Reference Qualifier	M	X(1)	1 = Rx Billing

**NCPDP Payer Sheet for Washington Medicaid
Version 5.1**

Field	Field Name	Status	Picture	Values
402-D2	Prescription/Service Reference Number	M	X(7)	Reference number assigned by the provider for the dispensed drug
436-E1	Product/Service ID Qualifier	M	X(2)	03 = NDC
407-D7	Product/Service ID	M	X(19)	11-digit NDC number
456-EN	Associated Prescription/Service Reference Number	RW	9(7)	Required when billing for a partial fill
457-EP	Associated Prescription/Service Date	RW	9(8)	CCYYMMDD Required when billing for a partial fill
442-E7	Quantity Dispensed	R	9(7)v999	Metric quantity
403-D3	Fill Number	R	9(2)	0 = Original dispensing 1-99 = Refill number
405-D5	Days Supply	R	9(3)	Estimated number of days that the prescription will last
406-D6	Compound Code	RW	9(1)	2 = Compound claim
408-D8	Dispense as Written (DAW)/Product Selection Code	RW	X(1)	0 = No product selection 1 = Physician request
414-DE	Date Prescription Written	M	9(8)	CCYYMMDD
308-C8	Other Coverage Code	RW	9(2)	0 = Not specified 1 = No other coverage 2 = Other coverage exists, payment collected 3 = Other coverage exists, claim not covered 7 = Other coverage exists, not in effect at time of service 8 = Capitated contracted co-payments
429-DT	Unit Dose Indicator	RW	9(1)	3 = Pharmacy unit dose
461-EU	Prior Authorization Type Code (Formerly Medical Certification Code)	RW	9(2)	2 = Self-referred Healthy Options client 5 = Lost or stolen medication replacement 6 = Sterilization medication 8 = Supply for take home, school or camp, suicide risk or monitoring
462-EV	Prior Authorization Number Submitted	RW	9(11)	Prior Authorization Number or Expedited Authorization Number